

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

1740 W. ADAMS ST., SUITE 4600, PHOENIX, ARIZONA 85007

PHONE (602) 364-1PET (1738) FAX (602) 364-1039

VETBOARD.AZ.GOV

COMPLAINT INVESTIGATION FORM

If there is an issue with more than one veterinarian please file a separate Complaint Investigation Form for each veterinarian

PLEASE PRINT OR TYPE

FOR OFFICE USE ONLY

Date Received: Jan 6, 2020 Case Number: 20-57

A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:

Name of Veterinarian/CVT: Paige Jackson

Premise Name: Alta Vista Veterinary Hospital

Premise Address: 4706 N. 7th Ave

City: Phoenix State: AZ Zip Code: 85013

Telephone: (602) 277-1464

B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT*:

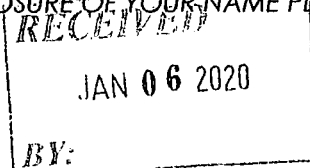
Name: Julia Ramsey

Address: [REDACTED]

City: [REDACTED] State: AZ Zip Code: [REDACTED]

Home Telephone: [REDACTED] Cell Telephone: [REDACTED]

*STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.



C. PATIENT INFORMATION (1):

Name: Chloe

Breed/Species: Domestic Short Hair

Age: 7 Sex: Female Color: Tortoise Shell

PATIENT INFORMATION (2):

Name: _____

Breed/Species: _____

Age: _____ Sex: _____ Color: _____

D. VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:

Please provide the name, address and phone number for each veterinarian.

Kate Radosevich
Paige Jackson
4706 N. 7th Ave
Phoenix, Arizona 85013
602-277-1464

E. WITNESS INFORMATION:

Please provide the name, address and phone number of each witness that has direct knowledge regarding this case.

William Ramsey

Attestation of Person Requesting Investigation

By signing this form, I declare that the information contained herein is true and accurate to the best of my knowledge. Further, I authorize the release of any and all medical records or information necessary to complete the investigation of this case.

Signature: 

Date: 7/6/2020

F. ALLEGATIONS and/or CONCERNS:

Please provide all information that you feel is relevant to the complaint. This portion must be either typewritten or clearly printed in ink.

See attachment.

On January 4th, 2020, I called Alta Vista Veterinary Hospital to see if they had the availability to take in my injured cat, Chloe, who I had suspected was hit by a vehicle.

After paying a \$400 deposit, she was examined and treated by Dr. Jackson.

X-rays showed that Chloe had no broken bones or injured organs. However, she did have bruising to her lungs. She was given oxygen therapy in an ICU cage and Dr. Paige Jackson and I were both pleased with how well she was responding. I paid an additional \$200 for Chloe to stay in the hospital overnight for oxygen therapy. The estimate for services were for a one night stay and also included a \$125 change of service fee. The billing technician explained that in the event that the Alta Vista Veterinary Hospital was unable to keep Chloe overnight (because there is no staff at the hospital from 2:00-6:00am) - if Chloe needed more care than they were able to provide, then they would transfer and charge me that fee. I agreed.

I visited with Chloe just before closing at around 9:30pm on 1/4/2020. I spoke with Dr. Jackson, who again was very pleased with Chloe's progress and we were both anticipating that she would be able to start weaning off the oxygen the next day and go home. I informed the doctor, as well as billing staff that I would be at work on 1/5/2020 but to call my husband with any updates. I left the facility relieved and had plans to stop by after work the next day to take Chloe home.

On 1/5/2020, my husband received a phone call from Dr. Kate Radosevich at 10:00am stating that the hospital had run out of oxygen and that Chloe was in respiratory distress. She recommended that one of us come and pick her up and take her to another facility. My husband was unable to pick her up because I was at work. I was unable to leave work until 1pm. I spoke with Dr. Kate Radosevich during a break at work and asked her why someone did not get oxygen from another facility or take her to where she could get more oxygen and she said that they were not able to do that.

I asked, how could they run out of oxygen? Did they not know they were low prior to Chloe's admittance. Dr. Radosevich stated that oxygen was supposed to be delivered on 1/1/2020 but with the holiday the delivery did not occur. Also they did not know that they were out of oxygen until Chloe's machine beeped for the tank to be refilled. When they went to refill it, it was then that they realized that they were out of oxygen.

Dr. Radosevich said that they were anticipating more oxygen arriving at 12pm and that she would call with an update. Chloe was given oxygen again when it arrived at 12pm. I visited with her at around 1:30pm and it was apparent that she was in respiratory distress. Her breathing was more labored than the prior night and she was also now drooling, a new condition.

Dr. Radosevich said that she thought Chloe should stay overnight again so that they could continue the oxygen therapy and then try weaning her off once she was more stable. She insisted that Chloe's decline was not due to her not having oxygen for 2 hours. She stated over

and over that Chloe had only gone without oxygen for 2 hours and that would not cause her to regress as she had. When Dr. Radosevich walked away, I looked at the chart that was left on the table and it showed that Chloe had actually been without oxygen from 6am - 12pm - a total of 6 hours.

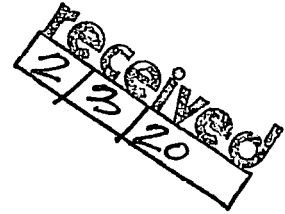
I did not mention this to Dr. Radosevich but I did take a picture of the chart. I felt at this point that I was being scammed and my trust for this facility continued to diminish. I told Dr. Radosevich that I could not afford to pay for another night. It was quite a stretch for my family of 6 to pay for what I had already. In an effort to right their wrong, Dr. Radosevich talked to the billing manager and they said that I would not be charged for the next 24 hours of care for Chloe.

I really did not want to leave Chloe at the facility due to their negligence and incompetence but it was all that I could afford. When I visited Chloe later that night on 1/5/2020 she looked like she had slightly improved. She was still breathing slightly labored and was still drooling and not looking as well as she had on 1/4/2020.

On 1/6/2020 at 7am, I received a phone call from Dr. Radosevich. She told me that Chloe had passed away.

I am bringing this to the board's attention because no animal should suffer the way that Chloe did. Alta Vista Veterinary Hospital should not have accepted my cat for oxygen therapy when they were in low supply. They should also have a more adequate inventory management system in place so that erroneous errors like this do not happen. Not having the proper supplies cost my dear pet to suffer needlessly and die. Had I have known the facility was short on oxygen, I would not have left her at Alta Vista Veterinary Hospital.

Alta Vista Veterinary Hospital
4706 N. 7th Avenue
Phoenix, Arizona
(602) 277-1464



Tracy A. Riendeau, CVT
Arizona State Veterinary Medical Examining Board
1740 West Adam Street, Suite 4600
Phoenix, AZ 85007

Re: 20-57, In Re: Leigh Paige Jackson, DVM

Dear Ms. Reindeau:

Chloe, a five (5) year old spayed female domestic shorthair cat, presented at Alta Vista Veterinary Hospital on January 4, 2020. Ms. Ramsey, Chloe's owner, reported that Chloe had been hit by a car at approximately 1:30 p.m. that day. Ms. Ramsey signed an emergency consent form to immediately begin treatment. At presentation, Chloe was in sternal recumbency, and was open-mouth breathing. She auscultation indicated severe bilateral crackles and wheezes. . Chloe was given the pain medication, Butorphanol (10 mg/ml), 0.86 mg IV, and started on oxygen supplementation with a mask. When Chloe's respiratory rate and effort stabilized, radiographs were performed.

X-rays were negative for pelvis fractures, but did show a diffuse moderate interstitial pattern consistent with pulmonary contusions. Chloe's diaphragm appeared intact and the contrast in her abdomen was normal. A fast scan with ultrasound did not show any free fluid in her abdomen. Chloe's blood work, which showed an elevation in ALT which can be consistent with trauma. Her of blood glucose, was also elevated which is consistent with stress.. Her hematocrit was normal, but her protein count was low, which is an indication of possible internal bleeding (again consistent with trauma).

Chloe was diagnosed with moderate pulmonary contusions. I discussed Chloe's radiographs, and the other diagnostics, at length with Ms. Ramsey. I recommended that Chloe be admitted to the hospital for oxygen supplemental and observation. I informed Ms. Ramsey that Chloe's pulmonary contusions were likely to worsen as the bruising became more apparent. We also discussed that additional issues or concurrent injuries might become apparent with time. Chloe was placed in an oxygen cage with 40% oxygen, and the temperature was maintained between 72 and 82 degrees. She was also provided low maintenance fluids at 40 ml/kg/day, and buprenorphine (0.02 mg/kg) as needed for pain every 6-8 hours. Initially, Chloe appeared to stabilize and improve. Chloe's care was passed to Dr. Marion for the remainder of the evening.

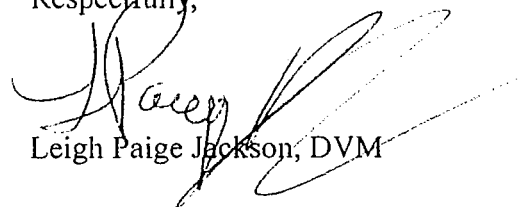
The following day, January 5, 2020, I arrived at Alta Vista, and assisted Dr Kate with a fast scan of Chloe's thorax. The fast scan indicated progression of her pulmonary contusions.

I took over Chloe's care at approximately 3 p.m. Chloe's breathing appeared to be more restrictive than I observed the previous day. At 5 p.m., we retook radiographs, which showed a progression of her pulmonary contusions. A second fast scan again showed that no free fluid was in the abdomen. Chloe was provided Furosemide (2mg/kg), and a low dose of dexamethasone (0.25mg/kg), intravenously. We also switched back to butorphanol (0.2mg/kg iv q 6 hrs), to serve as an analgesic for Chloe. Chloe initially responded well to this treatment, her hypersalivating resolved, and her respiratory rate decreased.

At 11 p.m., on January 5, 2020, however, Chloe's hypersalivating returned, her respiratory effort increased, and her body temperature dropped. I contacted Chloe's owners and recommended a transfer to an emergency facility. I informed the Ramseys that Chloe, at this point, needed 24 hour care, would likely need to be intubated, and have positive pressure ventilation. The Ramseys declined to transfer Chloe to a 24 hour facility. Oxygen therapy was continued overnight per the Ramseys' instructions. This concluded my involvement in Chloe's care.

Chloe passed overnight, and was discovered the following morning, January 6, 2020, by Alta Vista staff. While I would have preferred the Ramseys had transferred Chloe to a 24 hour facility on January 5, 2020, I understand that there are often financial considerations that make 24 hour care impractical. I am confident that all veterinary services provided by me and Alta Vista Animal Hospital to Chloe were performed professionally, and in compliance with the applicable standard of care. Thank you for providing me with the opportunity to respond to this Complaint. A copy of Chloe's medical records is enclosed with this response. I respectfully request that the Board dismiss Claim No. 20-57 with no violations.

Respectfully,



Leigh Paige Jackson, DVM



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INVESTIGATIVE COMMITTEE REPORT

TO: Arizona State Veterinary Medical Examining Board

FROM: AM Investigative Committee: Robert Kritsberg, DVM - Chair
Cameron Dow, DVM
Carolyn Ratajack
Christina Tran, DVM - **Absent**
Jarrod Butler, DVM - **Absent**
Steven Seiler - **Absent**

STAFF MEMBERS PRESENT: Tracy A. Riendeau, CVT
Mary Williams, Assistant Attorney

RE: Case: 20-58

Complainant(s): Julia Ramsey

Respondent(s): Katelin Radosevich, D.V.M. (License: 7249)

SUMMARY:

Complaint Received at Board Office: 1/6/20

Committee Discussion: 6/2/20

Board IIR: 7/15/20

APPLICABLE STATUTES AND RULES:

Laws as Amended August 2018

(Lime Green); Rules as Revised September 2013 (Yellow).

On January 4, 2020, "Chloe," a 7 year-old female domestic short hair cat was presented to Dr. Jackson after being hit by a car. Radiographs revealed pulmonary contusions and was hospitalized for oxygen supplementation and observation.

The following day, the oxygen tank emptied; the cat was referred to another premises with oxygen available -- Complainant declined. Later that day, oxygen was delivered and the cat's oxygen supplementation was continued.

Later that evening, the cat's breathing worsened and radiographs revealed progression of the pulmonary contusions. It was recommended the cat be transferred to an emergency facility for enhanced care; Complainant declined.

The cat passed away during the night and was discovered by staff the following morning.

Complainant was noticed and did not appear.

Respondent was noticed and appeared telephonically. Counsel, David Stoll, appeared.

The Committee reviewed medical records, testimony, and other documentation as described below:

- Complainant(s) narrative: *Julia Ramsey*
- Respondent(s) narrative/medical record: *Katelin Radosevich, DVM*

PROPOSED 'FINDINGS of FACT':

1. On January 4, 2020, the cat was presented to Dr. Jackson after being hit by a car. Upon exam, the cat had a weight = 9.46 pounds, a temperature = 100.3 degrees, a heart rate = 170bpm and a respiration rate = 50rpm; the cat was quiet, alert and responsive, was sitting sternal and open mouth breathing. Dr. Jackson heard loud crackles and wheezes on both sides upon thoracic auscultation.
2. The cat was administered Torbutrol 10mg/mL, 0.86mLs IV. Radiographs were performed and revealed a diffuse interstitial pattern consistent with pulmonary contusions; fast scan showed no free fluid in the abdomen or chest; and blood work revealed an elevated glucose (198), ALT (535), and decreased total protein (5.5). The cat was placed in an oxygen kennel (40% oxygen) while Dr. Jackson spoke with Complainant with her findings.
3. Dr. Jackson recommended the cat be hospitalized for oxygen supplementation and observation. She informed Complainant that the cat's pulmonary contusions were likely to worsen as the bruising became more apparent. They also discussed that additional issues or concurrent injuries might become apparent with time. Complainant approved the hospitalization estimate and left a deposit.
4. An IV catheter was placed; the cat was started on Lactated Ringer's Solution (LRS) at 40mL/kg/day (7mLs/hr) and buprenorphine 0.08mg IV every 6 – 8 hours. According to Dr. Jackson, the cat appeared to stabilize and improve initially. The cat's care was transferred to associate Dr. Marion for the remainder of the evening.
5. On January 5, 2020, Dr. Radosevich took over care of the cat and performed an exam; T = 100.3, P = 170, R = 50. Dr. Radosevich noted the cat was purring loudly and did not appear to be in respiratory distress. She updated the cat's treatment plan to include additional pain medication (gabapentin 50mg/mL – 0.5mLs) and a respiratory watch to monitor the cat and potentially wean off supplemental oxygen.
6. Later that morning, at approximately 9:45am, the oxygen alarm went off, indicating that the oxygen tank was empty. Dr. Radosevich was advised that the oxygen had not been delivered due to the holiday; a backup tank was not available. Hospital staff was notified and were working on getting oxygen delivered. Dr. Radosevich immediately called Complainant and her husband to recommend transferring the cat to another premises that had oxygen available. Complainant requested Alta Vista Veterinary Hospital transfer the cat and was informed that they were unable to do so. Dr. Radosevich explained to Complainant, and her husband, that without oxygen the cat could go into respiratory distress and potentially cardiac arrest; the recommendation to transfer was declined.
7. During the time the cat was without oxygen, Dr. Radosevich monitored the cat closely. She stated that the cat was dyspneic but did not go into severe respiratory distress. The cat became hypothermic and warm fluid bags were provided to keep her warm. Around noon, oxygen was delivered; the cat was continued on oxygen and her breathing improved. Dr. Radosevich noted the cat was hypersalivating and suspected it was due to the gabapentin.

8. Complainant visited the cat that afternoon. She was concerned due to the cat's drooling and it was apparent that the cat's breathing was more labored than the night before. Dr. Radosevich wanted to keep the cat overnight on oxygen and attempt to wean her off when she was more stable. Complainant stated that Dr. Radosevich insisted the cat's decline was not due to the cat being without oxygen for 2 hours. When Dr. Radosevich looked away, Complainant stated that she looked at the cat's medical record which showed the cat had been without oxygen for 6 hours. Complainant advised Dr. Radosevich that she did not trust the premises and felt she was being scammed. Dr. Radosevich spoke with the hospital manager and obtained authorization to keep the cat another 24 hours on oxygen at no charge to Complainant.

9. According to Dr. Radosevich, video footage was reviewed and it shows the oxygen alarm being activated at 9:45am. The oxygen was delivered that same day around noon.

10. According to Dr. Radosevich, Complainant visited the cat and they spoke at length regarding the cat's treatment and prognosis. She recommended transferring the cat to an emergency facility for 24 hour care; Complainant declined due to financial constraints. Dr. Radosevich arranged for the cat to stay an additional 24 hours in the oxygen cage free of charge.

11. Around 3:00pm, Dr. Jackson arrived at the premises and assisted Dr. Radosevich with a fast scan of the cat's chest which showed the lung contusions looked worse.

12. Around 5:00pm, Dr. Jackson took repeat radiographs which showed progression of the cat's pulmonary contusions. An abdominal scan did not show any free fluid in the abdomen. Dr. Jackson added furosemide (2mg/kg – 0.18mLs IV), dexamethasone sodium phosphate (4mg/mL – 0.27mLs IV) and Cerenia (10mg/mL – 0.45mLs IV) to the cat's treatments. The cat's temperature was low (98 degrees) despite warming bags in place. The cat initially responded well to the IV medication – the drooling resolved and her respiratory rate decreased.

13. At 11:00pm, Dr. Jackson noted the cat began hypersalivating again, her temperature = 96 degrees, and respiratory rate increased along with effort. She contacted Complainant and recommended transfer to an emergency facility for enhanced care. Dr. Jackson felt the cat would likely need to be intubated and have positive pressure ventilation. Complainant declined the transfer and oxygen therapy continued overnight.

14. The cat passed away overnight and was discovered by staff the following morning. Complainant was notified and she elected to take the cat's remains home.

15. Complainant expressed concerns that the cat suffered due to the premises not having an adequate amount of oxygen to treat the cat. She felt the cat should not have been admitted for oxygen therapy if they were in low supply.

COMMITTEE DISCUSSION:

The Committee discussed that it was hard to determine if running out of oxygen led to the cat's demise or if it was from the trauma the cat endured. The cat was without oxygen for 2 – 3 hours,

then passed away the following evening. It would have been nice if the premises kept a spare tank in case of situations like this.

Complainant refused a referral to an emergency premises thus anything could have happened during the night when not being monitored. When the cat became worse, Complainant again declined referral. The cat passed away while under the effects of the oxygen making it difficult to say if being without oxygen for a period of time made a difference.

Dr. Radosevich contacted Complainant to make her aware that the oxygen supply was empty and to refer the cat elsewhere; Complainant declined. The Committee felt that Complainant thought something was not done properly since she was not charged for 24 hours of care. The Committee felt the matter was handled appropriately.

COMMITTEE'S PROPOSED CONCLUSIONS of LAW:

The Committee concluded that no violations of the *Veterinary Practice Act* occurred.

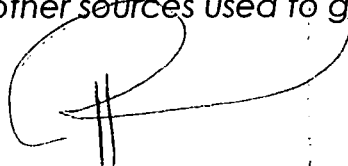
COMMITTEE'S RECOMMENDED DISPOSITION:

Motion: It was moved and seconded the Board:

Dismiss this issue with no violation.

Vote: The motion was approved with a vote of 3 to 0.

The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.



Tracy A. Riendeau, CVT
Investigative Division